

Incident Report

Print Date/Time: 07/28/2016 08:32

Login ID: ss0143

Lake Stevens Police Department

Male

03/06/1959

ORI Number: WA0311900

Incident: 2016-00014485

Incident Date/Time: 7/25/2016 2:29:25 PM
Location: SR 9 NE / MARKET PL

LAKE STEVENS WA 98258

Phone Number: (425) 308-5459

Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens

 Source:
 911

 Priority:
 3

 Status:
 3

Nature of Call:

Unit/Personnel

Unit Personnel

19D3 SS0130-Rutherford

Person(s)

No.RoleNameAddressPhoneRaceSexDOB1Reporting PartyWADE, CHARLES810 131ST STMale03/06/1959

Reporting Party WADE, CHARLES 810 131ST ST THOMAS

Tulalip WA 982717018

WADE, CHARLES 810 131ST ST THOMAS

Tulalip WA 982717018

2 Driver NIELSEN, ROY TOFT 610 HAWTHORNE ST Male 04/28/1974

Everett WA 982011218

Vehicle(s)

Role Type Year Make Model Color License State

Disposition(s)

Disposition Count

Driver

R 1

Property

Date Code Type Make Model Description Tag No. Item No.

CAD Narrative

07/25/2016 : 14:31:53 SP0425 Narrative: CC, NOW, NON INJ, NON BLK, SEMI TRUCK VS WHI PU, LR425

(T)	STATE OF WASHINGTON POLICE TRAFFIC P	3 27
	COLLISION REPORT 1591971 INTERSTATE CITY STREET FIRE RESULTED CASE # 2016-00014485	
1 1	STATE ROUTE OTHER OTHER DISTOLEN LOCAL AGENCY CODING	
2 1	COUNTY RD PRIVATE WAY NOVED TOTAL # OF O2 OBJECT STRUCK	8 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	
	DATE OF COLLISION 07 - 25 - 2016 1429 31 S W OF W OF W 0664 3	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.	
4a	MILE POST	0 29
5	OF (REFERENCE OR CROSS STREET) 300 00 MILES N E MARKET PLACE FEET S V W	
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET VES NO PHONE	0 30
6 1	LAST NAME NIELSEN FIRST NAME ROY MIDDLE INITIAL T	
	STREET NEW ADDRESS 610 HAWTHORNE ST	
7	CITY EVERETT ST WA ZIP 982011218 1 1	2 31
8	CDL A RESTRICTIONS ENDORSEMENTS 2	
9 9	DRIVER'S LICENSE # NIELSRT265J8 STATE WA SEX M D.O.B. MMDDYYYY 04 _ 28 _ 1974	
10 9	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	2 32
11 5 5	LICENSE PLATE # B36461P STATE WA VIN# 5TBJN32181S199710	
12 4 0	TRAILER PLATE # STATE TRAILER PLATE # STATE	
13 4	VEH. YEAR 2001 MAKE TOYT MODEL PU STYLE PK VEHICLE TOWED YES NO TOWED BY REGISTERED OWNER INFO. OWNED BY DRIVER VEHICLE NO. 1	1 33
14 4	UABILITY INSURANCE ✓ INSURANCE CO & POLICY # 9 TOP . 5	1 34
15 1	VEHICLE YES NO CITATION # CHARGE CHARGE CHA]
16 1	UNIT 02 MOTOR VEHICLE PEDAL- PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE 4	35
	LAST NAME WADE FIRST NAME CHARLES MIDDLE INITIAL T	36
17	STREET NEW ADDRESS 810 131ST ST NW	37
18	CITY TULALIP ST WA ZIP 982717018	39
19	CDL A RESTRICTIONS B ENDORSEMENTS L. N. T	40
20	DRIVER'S LICENSE # WADE*CT417DF STATE WA SEX M D.O.B. MMDDYYYY 03 - 06 - 1959	
21	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE INJURY 1 CLASS 1	
22	LICENSE PLATE # 4986ORP STATE WA VIN# 1XKZDP9X4FJ452450	
23	TRAILER PLATE # 3709YP STATE WA TRAILER PLATE # 3707YP STATE WA	41
24	VEH. YEAR 2015 MAKE KWDT MODEL TRACTO STYLE SE VEHICLE TOWED BY GOVERNOUS NOW INFO.	42
	SHADE IN DAMAGED AREA LIABILITY INSURANCE 7 REDMOND GENERAL MCP6014629	
25	VEHICLE YES NO CITATION # CHARGE 10 BOTTOM 8 7	
26	OFFICER'S NAME (PRINT) R. RUTHERFORD BADGE OR ID # 0130 AGENCY WA0311900	
	PART A 3000-345-159 R (7/06)	





CORRECTION

REPORT NO.

E567526

PAGE 2

OF 4

		C

ASE # **2016-00014485**

		ADDIT	TONAL PERSO		ID (DARREN	ICEDO ANIC	V/OD WITN	ECCEC ONLY)		
NAME (LAST, FIRST, MIDDLE	NITIAL)	ADDII	IONAL PERSO	INS INVOLVE	ED (PASSEN	IGERS AND	JOH WIIN	ESSES ONLY)		
ADDRESS & PHONE #	,						SEX	D.O.B.		
PASSENGER	VITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL	MET INJURY CLASS	NATURE OF INJU	JRIES
NAME (LAST, FIRST, MIDDLE	INITIAL)									
ADDRESS & PHONE #							SEX	D.O.B. MMDDYYYY		
PASSENGER \	VITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL	MET INJURY CLASS	NATURE OF INJU	JRIES
NAME			F03.					OL ODAGO		
(LAST, FIRST, MIDDLE ADDRESS & PHONE #	INITIALI						SEX	D.O.B.		
PASSENGER \(\)	WITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL	MET INJURY	NATURE OF INJU	JRIES
PAGGENGEN	VIIIVESS UNIII #		POS.				U	SE CLASS		
Valsiala 1	fallandaan	:-!- 2			ARRATI		- Maule	at Diago in a		
	following veh chicle 2 slowed									
	o trailers. The									
	trailer 2 bearir									
I CERTIEV (DECLA	RE) UNDER PENALTY OF	DED II IDV	LINDED THE LAW	OF THE STAT	E OE WASHI	NGTON TU	AT THE EAD	ECOING IS TOLIE AN	ID CORRECT /PCW 9A	72 095\
	•	LINUNT	ONDER THE LAWS	JOI INESIAI				LOUING IO TRUE AN	DOMEON (NOW 9A	.12.000]
R. RUTHERFOR	FICER'S SIGNATURE	_	UNIT OR DIST.	DET	DATED	16 06:52 AI	<u>vi</u>	PLACE SIGNED		
APPROVED BY							DATE 7/2	8/2016 5:52:33 AM		
R. BROOKS 0013		051	144.45.45.5			TIME BOLLO				
BADGE OR ID #	0130	ORI#	WA0311900			TIME POLICE	DISPAICHED	2:34 PM	TIME POLICE ARRIVED	3:05 PM





SUPPLEME POLICE TR											R	EPO	RT N	o. [E 5	675	26	
COLLISION						C	ASE#	201	6-00014	485								
COMMER	CIAL M	OTOR C	0.0.0	,					•				INTERS	TATE	П	INTRA	ASTATE	Q
UNIT #	2	USDOT					ICC	0#					VEHIC	E TYPE			GO BOD	Υ
ARRIER IAME																		
CARRIER ADDRESS																		
PITY										ST		Z	ZIP					
JAME SOURCE	AXI	# _ES 00	GVW	'R 0				PLA	CARD			Ţ.	+	NA	ME IF NO	NUMBER		
ADDITION	IAL UNI	TS												, ட				
UNIT #		MOTOR VEHICLE	PED		PI	EDESTRIAN		PROPE OWNER		DAN	MAGE T	HRESHO IO	LD MET	10HP	ΝE			
AST NAME								FIRS	ST NAME								MIDDL INITIAI	E L
STREET IEW ADDRESS																		
CITY										ST		Z	ZIP					
DDL				RES	STRICT	TONS						ENDOR	SEMENTS					
DRIVER'S ICENSE #								STATE		SEX		D.O.E		<u> </u>				
ON DUTY	STATUS	AIRBA	G	RESTR.		EJECT		HELMET		INJURY			TURE OF I	NJURIES				
ICENSE					STATE		VIN#	USE		CLASS								
RAILER	Γ				5 11 H L		211417		ΓRAILEF									
LATE # EH. YEAR	MAKE		MODEL			STATE			PLATE #		WED BY	,				:	STATE	VEHICLE
GISTERED OW								YES	NO							SHADE IN		VEHICLE NO NO D AREA
ABILITY INSURANCE I EFFECT		NSURANCE CO & POLICY #														2	3 4 9 TOP	4
EHICLE YES EGALLY TANDING	NO O	CITATION #						CHARGE						BUO			10 BOTTO!	_
UNIT #		MOTOR VEHICLE	PED CYC		PI	EDESTRIAN		PROPE OWNE	RTY L	J DAN YES	MAGE T	HRESHO IO	LD MET	TOHP	NE .			
AST NAME								FIRS	ST NAME								MIDDL INITIAI	
STREET IEW ADDRESS																		
CITY										ST		z	ZIP					
DL				RES	STRICT	TIONS						ENDOR	SEMENTS					
PRIVER'S LICENSE #				•				STATE		SEX		D.O.E						
ON DUTY	STATUS	AIRBA	G	RESTR.		EJECT		HELMET USE	П	INJURY CLASS		NAT	TURE OF I	NJURIES				
ICENSE PLATE #					STATE		VIN#			<i>y= 100</i>		· L						
RAILER						OTATE			FRAILEF								OTATE	
PLATE #	MAKE	:	MODEL	-		STATE			PLATE #		WED BY	,					STATE GOYT	VEHICLE NO
EGISTERED OW	NER INFO.							YES	. Пио	<u> </u>						SHADE IN		
IABILITY INSURANCE		NSURANCE CO & POLICY #														1	9 TOP	5
EHICLE YES EGALLY TANDING		CITATION #						CHARGE				une :-				8	7 6	5
ERTIFY (DECLA R. RUTHERF		PENALTY OF P	ERJURY UI	NDER THE	E LAWS	OF THE S	IATE O	F WASHING 07-26-1			UREGO	ING IS T	IRUE ANI	CORRE	:CT. (RCV	v 9A.72.08	55)	
VESTIGATING		SIGNATURE		UNIT OF	R DIST	DET		DATED:					PLACI	SIGNE	D			
BADGE 013	30	0	RI WAO	311900					APPRO BF	ooks		7	728/201	6	PAGE	3	OF	4

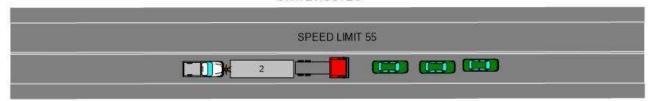
REPORT NO. E567526

CASE # 2016-00014485

DATE AND TIME 07/25/16 14:29 OF COLLISION



STATE ROUTE 9



NOT TO SCALE